Commonwealth of Virginia Department of Professional and Occupational Regulation

Prov Inc.

150 W Civic Center Blvd, Suite 601

Sandy, UT 84070

Telephone: (877) 228-3926 Email: support@provexam.com Website: www.provexam.com



Virginia Board for Barbers and Cosmetology BARBER/MASTER BARBER - INSTRUCTOR **EXAMINATION & LICENSE APPLICATION**

Instructions: Applicants are encouraged to apply online at https://provexam.com/

- > If you are unable to apply online, complete this form and mail this application with a cashier's check, money order, or credit card payment for the full amount of the examination fee, payable to Prov Inc and mail to: Prov Inc, 200 West Civic Center Drive, Suite 160, Sandy, UT 84070
- > Any applicant who does not pass a reexamination within one year of the initial examination date shall be required to submit a new application and new examination fee.

	Select one examination type you are requesting:													
	×	Exam	ination Type	Fee	×		Ex	camin	ation	Тур	е		Fee	
		Barber - Prac	tical & Theory Exam	\$194.00		Mas	ter Barbe	r - Pra	actica	al & T	heory	Exam	\$194.00)
		Barber - Prac	tical Exam	\$95.00		Mas	ter Barbe	r - Pra	actica	al Exa	am		\$95.00)
		Barber - The	ory Exam	\$99.00		Mas	ter Barbe	r - Th	eory	Exan	า		\$99.00)
		Instructor Ex	am	\$99.00										
	Full Lega	·	it appears on your go	vernment is	sued	d ID or	other leg		umen	ntatio	n.)			Suffix
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۷.	2. Provide at least <u>one</u> of the following identification numbers*: Social Security Number and/or													
	☐ Vi	<u>rginia</u> DMV Co	ntrol Number											
	➤ Ente	r the same identific	ation number as used on e	xamination, p	reviou:	ıs applic	ations or lic	enses o	n file v	with the	e depar	tment.	_	
			y applicant for a license, co to provide a social security											r occupation issued
3.	Date of E	Birth	MM/DD/YYYY											
4.	Maiden o	or Former Nan	ne(s)											
5.	Mailing A	Address (PO E	Box accepted)											
	The mailing address will be													
		City State Zip Coc							Zip Code					
6.								ð .						
•	PHYSICAL ADDRESS REQUIRED													
	FII	I SICAL ADDRE	33 REQUIRED											
				City								s	tate	Zip Code
7.	Contact	Numbers												
	Primary Telephone Alternate Telephone Fax							IX						
8.														
	Email address is considered a public record and will be disclosed upon request from a third party.													
								_			_			
OFFICE USE ONLY	DATE	FEI	TRANS CODE	ENT	TTY#		1301		FILE	#/LICEN	NSE#			ISSUE DATE

9.	are you re-applying to take the Barber, Master Barber or Barber Instructor examination?	
	No	
	Yes If yes, provide your <u>previous</u> examination information	
	Barber/Master Exam Practical Exam Theory Exam (Month/Year taken) (Month/Year taken)	<u></u>
	Barber Instructor Exam Month/Year taken:	,
10.	Have you been previously licensed in Virginia as a practitioner or instructor in the fields of Barber, Master Barl Cosmetology, Nail Technician, or Wax Technician? No Yes If yes, provide your license number and expiration date below VA License Number Expiration Date	er,
		—
11.	Are you applying for the Barber or Barber Instructor examination? No	
	Completion of an approved barber training program in a Virginia licensed barber school or a Virginia public sch barber program approved by the Virginia Department of Education *Required Documentation: Attach a completed *Training Verification Form*	nool
	Completion of a barber training which is substantially equivalent to the Virginia program (at least 80% of Virgin required hours) that is obtained outside the Commonwealth of Virginia, but within the United States and its territorian	
	Required Documentation: Attach an official school transcript indicating successful completion of a substantially equivalent transprogram or written verification from the Licensing Board in the state where the training was received.	ining
	Completion of a barber course (consisting of <u>less than</u> 80% of training hours required in Virginia) <u>and</u> five year barber work experience **Required Documentation: Attach a certificate, an official school transcript, or other documentation verifying successful completed to the barber course and a completed <u>Barber & Cosmetology - Experience Verification Form</u> documenting at least five year barber work experience	etion
	Completion of the Virginia apprenticeship program in barbering *Required Documentation: A completed Department of Labor and Industry form available from your apprenticeship representation.	tive
	✓ Virginia licensed cosmetologist with a minimum of two years of work experience	
	VA License Number Expiration Date	
	Required Documentation: Attach a completed Barber & Cosmetology - Experience Verification Form	_
	Barber training obtained in any Virginia state institution	
	Required Documentation: Attach a completed <u>Training Verification Form</u>	
	Two years of barbering experience in the United States armed forces **Required Documentation: Contact the Board for further instructions**	
	Applying to take the <i>Instructor</i> examination, provide <i>Virginia</i> license number	
	VA License Number Expiration Date	_
	Previously licensed in Virginia by examination and past the reinstatement period.	
	Required Documentation: Verification from the Virginia Board for Barbers and Cosmetology.	
	Previously licensed in Virginia under grandfathering exemption and past the reinstatement period. Must provous work experience and have completed a Board approved examination. *Required Documentation: Attach a completed *Barber/Cosmetology - EXPERIENCE VERIFICATION FORM.*	/ide
	☐ Endorsement applicant required to complete Virginia examination.	
	Required Documentation: Verification from the Virginia Board for Barbers and Cosmetology.	

12.	Are you	applying for the N	laster Barb	er examin	ation?								
	No					• •		0011	LONE				
	Yes	•	If yes, which method are you using to qualify for the examination? Select only ONE . Sompletion of an approved master barber training program from an approved Virginia licensed barber school										
		Completion of an Required Docu			• •	•		oved Virgir	nia license	ed barber school			
		Completion of an barber school or a Required Docu	a Virginia pu	blic school	barber prog	gram appro	ved by the			n in a Virginia licer nt of Education	ised		
		Virginia's required its territories	d hours) that umentation:	t is obtaine Attach a dip	d outside to	ne Commo	nwealth of	f Virginia, I	but within	gram (at least 809) the United States inpletion of 1500 houvere received	and		
		Completion of substantially equivalent master barber course (consisting of <u>less than</u> 80% of training hours required.											
		in Virginia) and five	•										
										completion of the matter than the completion of the complete of the complete complete the complete com			
		barber work exp Completion of the	erience										
								ustry form	available i	from your apprentice	eship		
		Virginia licensed	cosmetolog	<i>ist</i> with a <u>m</u>	ninimum of t	wo years o	of work exp	erience					
		VA License Nu	ımber					Expira	ation Date				
		Required Docu	mentation: A	ttach a comp	oleted Barber	& Cosmetol	ogy - Experi	ence Verifica	ation Form				
		Master Barber tra Required Docu	•	-	•								
		Two years of master barbering experience in the United States armed forces *Required Documentation: Contact the Board for further instructions*											
		Previously licensed in Virginia by examination and past the reinstatement period.											
		Required Documentation: Verification from the Virginia Board for Barbers and Cosmetology.											
		☐ Endorsement applicant required to complete Virginia examination.											
	Required Documentation: Verification from the Virginia Board for Barbers and Cosmetology.												
13.	•	hold a current or cian license, certif	ication or re	gistration i	issued by a								
	A. List the following state/jurisdiction where a license, certification or registration has been issued:												
			St	ate/Jurisdic	etion	L		ertification on Number	I .	Expiration Date			
											1		
											-		
		-									-		
		-									1		
		-									†		

	B. Are you in good standing as a licensed, certified, or registered professional for the states/ jurisdictions listed above? Yes □
	No If <u>no</u> , provide an original Certification of Licensure (dated within the last 60 days) from each state/jurisdiction where you are <u>not</u> in good standing.
•	Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.); and 5) all closed disciplinary actions resulting in a violation or undetermined finding.
	Certification can be emailed from the regulatory body to the Board section at bchoplicensing@dpor.virginia.gov or mailed from the regulatory body to: Board for Barbers & Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485.
14.	Have you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulatory body? This includes but is not limited to any monetary penalties, fines, suspensions, revocations, surrender of a license in connection with a disciplinary action or voluntary termination of a license. No
	Yes If yes, complete the <u>Disciplinary Action Reporting Form</u> .
15.	Have you ever had an application for licensure, certification or registration as a practitioner or instructor in the fields of barbering, cosmetology, waxing, nail care, esthetics, body-piercing, or tattooing denied by any (including Virginia) local, state or national regulatory body? No
	Yes If yes, complete the <u>Denial of Licensure Reporting Form</u> .
16.	United States of any <u>felony</u> within the last 20 years? No No
	Yes If yes, complete the <u>Criminal Conviction Reporting Form</u> .
	B. Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>misdemeanor</u> involving moral turpitude, sexual offense, non-marijuana drug distribution or physical injury within the last two (2) years? No
	Yes If yes, complete the Criminal Conviction Reporting Form.
17.	Are you applying for a temporary permit? DOES NOT APPLY TO STUDENT INSTRUCTOR TEMPORARY PERMITS. No \[\sum_{\text{No}} \]
	Yes If yes, your sponsor must complete and sign the following sponsorship statement:
	I, the undersigned, agree to supervise all activities related to the practice of barbering for the named applicant, and shall be responsible for his/her barber activities during the time the temporary permit is in force.
	Printed Name of Sponsor Signature of Sponsor
	Sponsor's Virginia Barber's License No.

- 18. By signing this application, I certify the following statements:
 - I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
 - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
 - I authorize the Department to verify information concerning me or any statement in this application from any
 person, or any source the department may contact. I also agree to present any credentials or documents
 required or requested by the Department.
 - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
 - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 7, of the Code of Virginia and the Virginia Board for Barbers and Cosmetology Regulations.

	Signatu	re Date
19.		a professional passport compliant 2" x 2" color photo taken within the last 6 months to reflect your current cance. It must meet the following requirements:
	\Rightarrow	sized so that your head is approximately 1 inch from the bottom of the chin to the top of the head
	\Rightarrow	taken in front of a plain white background
	\Rightarrow	be a full-face view, directly facing the camera with a neutral facial expression

Attach Photo Here.

Photocopy pictures are

not permitted.